

United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

FILED

SEP 10 2008

CHARLES O. EUBANKS,
Petitioner,

Y

UNITED STATES OF AMERICA),
Respondent.

United States Court
of Appeals for the
Seventh Circuit
APPEAL NO.

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

District Court Case No. 07-CR-50058-1
Assigned to: Judge Philp G. Reinhard

**PETITION FOR LEAVE TO FILE AND PROCEED ON APPEAL
IN FORMA PAUPERIS**

1, CHARLES O. EUBANKS, Petitioner
 plaintiff/petitioner do hereby move this Court for leave to file the above entitled cause in forma
 pauperis; said motion is supported by the attached affidavit of financial status.


Plaintiff/Petitioner

File this completed form with the:

United States Court of Appeals
219 S. Dearborn Street, Suite 2722
Chicago, IL 60604
ATTN: PRISONER/PRO SE CLERK

**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**
United States Court of Appeals
for the Seventh Circuit

CHARLES O. EUBANKS,

v. Case No. _____

UNITED STATES OF AMERICA) Appeal from the United States District Court for the
) Northern District of Illinois) District Court No. 07-CR-50058-1) District Court Judge Philip G. Reinhard**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: **Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks; if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: Sept 8, 2008**FILED**

My issues on appeal are:

SEP 10 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): <u>none</u>	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 0	\$ N/A	\$ 0	\$ N/A

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
none	none	none	0

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
none	none	0	N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
none	none	Make & year: none
		Model: none
		Registration # none
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: none	none	none
Model: none		
Registration # none		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
none	none	N/A

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
none	none	none

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ none	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ none	\$ N/A
Home maintenance (repairs and upkeep)	\$ none	\$ N/A
Food	\$ none	\$ N/A
Clothing	\$ none	\$ N/A
Laundry and dry-cleaning	\$ none	\$ N/A
Medical and dental expenses	\$ none	\$ N/A
Transportation (not including motor vehicle expenses)	\$ none	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ none	\$ N/A
Insurance (not deducted from wages or included in mortgage payments) Homowner's or renter's	\$ none	\$ N/A

Life	\$ <u>none</u>	\$ <u>N/A</u>
Health	\$ <u>none</u>	\$ <u>N/A</u>
Motor vehicle	\$ <u>none</u>	\$ <u>N/A</u>
Other: <u>none</u>	\$ <u>none</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>none</u>	\$ <u>N/A</u>
Installment payments	\$ <u>none</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>none</u>	\$ <u>N/A</u>
Credit card (name): <u>none</u>	\$ <u>none</u>	\$ <u>N/A</u>
Department store (name): <u>none</u>	\$ <u>none</u>	\$ <u>N/A</u>
Other: <u>none</u>	\$ <u>none</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>none</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>none</u>	\$ <u>N/A</u>
Other (specify): <u>none</u>	\$ <u>none</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I'm a poor person with no assets, I'm 20 years old with no job history of means to pay for legal assistance or fees, I'm presently being detained in a federal holding facility in Oregon Illinois

13. State the address of your legal residence.

P.O. Box 217

Oregon, IL 61061

Your daytime phone number: () N/a

Your age: 20 Your years of schooling: 9th grade

Your social-security number: Don't know it